

APPLICATION FOR LIQUID FUEL DISTRIBUTOR'S LICENSE

Hawaii I.D. No.

1. TAXPAYER NAME _____
2. DOING BUSINESS AS (DBA) NAME _____
- 3a. MAILING ADDRESS _____
Number and street City State ZIP code
- 3b. BUSINESS ADDRESS _____
Number and street City State ZIP code
- 4a. SOCIAL SECURITY NUMBER _____ 4b. FEDERAL EMPLOYER IDENTIFICATION NUMBER _____
- 5a. BUSINESS TELEPHONE NUMBER () _____ 5b. RESIDENTIAL TELEPHONE NUMBER () _____
6. DATE BUSINESS BEGAN IN HAWAII _____
7. ACCOUNTING PERIOD: (Check one) ☐ Calendar Year (January 1 to December 31) ☐ Fiscal Year _____ to _____
8. Check the blocks which apply: Do you intend to ☐ Produce ☐ Refine ☐ Manufacture ☐ Compound
any liquid fuel within the State which will be sold or used within the State?
9. Do you intend to import or cause to be imported into the State any liquid fuel and to sell the same therein? ☐ Yes ☐ No
10. Do you intend to import or cause to be imported into the State any liquid fuel for your own use? ☐ Yes ☐ No
11. Do you intend to acquire liquid fuel from a licensed distributor as a wholesaler and to sell or use the same? ☐ Yes ☐ No

12. List owners, partners, or corporate officers (Use reverse side if more space is needed)

SS#	Name	Title	Address

13. Give a brief description of your business operation.

I hereby declare that the statements herein contained are true and correct and that the permit authorized by Chapter 243, Hawaii Revised Statutes, Fuel Tax Law, issued in response to this application, will be accepted upon the condition that the provisions of said chapter and regulations prescribed thereunder shall be fully complied with.

(Signature)

(Title)

(Date)

STATEWIDE MAILING ADDRESS AND TELEPHONE NUMBER

OAHU DISTRICT OFFICE
P. O. Box 1425
Honolulu, HI 96806-1425

Telephone: (808) 587-4242
Toll Free: 1-800-222-3229